

Fill in this information to identify the case:

Debtor 1 William Lloyd Painter
First Name Middle Name Last Name

Debtor 2 Martha Kennedy Painter
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Western District of Tennessee

Case number: 16-28423

UNITED STATES BANKRUPTCY COURT
WESTERN DIVISION
RECEIVED

MAY 08 2025

TRAVIS D. GREEN
CLERK OF COURT
WESTERN DISTRICT OF TENN.

Form 1340 (12/23)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimant

Amount:	\$9,253.30
Claimant's Name:	Martha K. Kennedy Painter
Claimant's Current Mailing Address, Telephone Number, and Email Address:	3705 Rhea Ave: Memphis, TN 38122 901-497-4051 or 901-494-2566 linda1204kenedy@gmail.com

2. Claimant Information

Applicant² represents the following:

- ☒ The Claimant is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:
- _____
- ☐ If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary.

3. Applicant Information

Applicant represents the following:

- ☒ Applicant is the Claimant.
- ☒ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Supporting Documentation

☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

5. Notice to United States Attorney

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Western District of Tennessee
167 North Main Street
Suite 800
Memphis, TN 38103

6. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.

Date: March 25, 2025

Martha K. Painter
Signature of Applicant

Martha K. Painter
Printed Name of Applicant

Address: 3705 Rhea Ave.
Memphis, TN 38122

Telephone: 901-497-4051 (Martha)
901-494-2566 (Linda)

Email: Linda.1204.Kennedy@gmail.com

6. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

7. Notarization

STATE OF Tennessee

COUNTY OF Shelby

This Application for Unclaimed Funds, dated 2/27/2025 was subscribed and sworn to before me this 25th day of March, 2025 by

Martha K. Painter

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

[Notarial wording to be adjusted based on state requirements]

(SEAL) Notary Public *[Signature]*

My commission expires: 11/13/2027

7. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

[Notarial wording to be adjusted based on state requirements]

(SEAL) Notary Public _____

My commission expires: _____

Martha K. Painter
3705 Rhea Ave.
Memphis, TN 38122

March 25, 2025

United States Bankruptcy Court for
Western District of Tennessee
200 Jefferson Ave., Suite 500
Memphis, TN 38103

To Whom It May Concern:

This is a letter to inform you that my sister, Linda C. Kennedy, is my (Martha K. Painter) care taker.

Sincerely yours,


Martha K. Painter


Linda C. Kennedy

State of Tennessee
County of Shelby

This letter was subscribed and sworn to before me on the 25th day of March 2025 by Martha K. Painter + Linda C. Kennedy who signed above and is personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument. My commission expires March 21, 2027



UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

IN RE:

WILLIAM L. PAINTER, and
MARTHA K. PAINTER,
Debtors.

Case No. 16-28423 JDL
Chapter 7

TRANSMITTAL OF UNCLAIMED FUNDS

COMES NOW the Chapter 7 Trustee, Lynda F. Teems and reports to the Court as follows:

1. All checks have been issued pursuant to the Notice of Trustee's Final Report and Notice of Applications for Compensation and Deadline to Object (Doc. 42). All checks have cleared except one (1) which has been returned. The following check made payable to the joint debtors in the amount of \$9,253.30 for excess funds remaining after the payment of all claims and administrative expenses was returned:

Name & Last Known Address

Amount

William L. Painter and Martha K. Painter
1154 Sara Cove #1
Cordova, TN 38016

\$9,253.30

2. The Trustee attempted to locate the joint debtors by social media and multiple internet searches with no success.
3. Your Trustee's check for \$9,253.30 payable to the Clerk of Court is attached to this report and list.

4. Nothing further remains to be done in this case other than the Trustee's Final Account and Application for Discharge, once this check has cleared.

Respectfully submitted,

/s/ Lynda F. Teems

LYNDA F. TEEMS #13976

Chapter 7 Trustee

5362 Republic Drive

Memphis, Tennessee 38118-7924

Phone: (901) 526-5555

Email: lteems@aol.com

Date: January 22, 2025